



STATE OF TENNESSEE  
BUREAU OF TENNCARE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
310 GREAT CIRCLE ROAD  
NASHVILLE, TENNESSEE

This notice is to advise you of information regarding the *TennCare Pharmacy Program*.

**Please forward or copy the information in this notice to all providers  
who may be affected by these processing changes.**

With a number of changes that will directly impact providers being implemented for the *TennCare Program*, this notice is being sent as a reminder of those changes. We encourage you to read this notice thoroughly and contact First Health's Technical Call Center (866-434-5520) should you have additional questions.

**Content:**

1. Lantus® OptiClik® Cartridges PDL Update
2. Preferred Drug List Changes
3. Miscellaneous Information: TennCare List Service

**Lantus® OptiClik® Cartridges PDL Update**

Effective April 17, 2007, Lantus® OptiClik® Cartridges will become non-preferred on the TennCare Pharmacy program. Patients currently on Lantus® OptiClik® Cartridges will be grandfathered indefinitely. However, all patients started on Lantus® OptiClik® Cartridges on or after April 17, 2007 will require prior authorization. Lantus® and Levemir® vials will remain preferred on the PDL and will remain on the Auto-exemption List (formerly known as the Short List). Levemir® FlexPen® will remain non-preferred.

The clinical criteria for Lantus® OptiClik® Cartridges and Levemir® FlexPen® that will be effective April 17, 2007 is as follows:

Lantus® OptiClik® Cartridges and Levemir® FlexPen® will be approved if any of the following are true:

- If the recipient or care-giver has poor eyesight such that dosing errors may occur
- If the recipient or care-giver has problems with manual dexterity which may result in dosing errors (i.e., Parkinson's Disease, rheumatoid arthritis in the finger/hand joints, multiple sclerosis, etc.)

**PREFERRED DRUG LIST (PDL) FOR TENNCARE EFFECTIVE 4/17/07:**

TennCare is continuing the process of reviewing all covered drug classes over a 2 year period. Changes will occur to the PDL and the preferred and non-preferred status of agents as new classes are reviewed and previously reviewed classes are revisited. As a result of these changes, some medications your patients are now taking may be considered non-preferred agents in the future. Please inform your patients who are on one of these medications that switching to a preferred medication will decrease delays in receiving their medications. For medications with existing prior authorizations in place, the PA will remain active through the current expiration date. A copy of the new PDL will be posted April 17, 2007 to <http://tennessee.fhsc.com>. Feel free to share this information with all TennCare providers. The individual changes to the PDL are listed below. For more details on clinical criteria, please visit: [https://tennessee.fhsc.com/Downloads/provider/TNRx\\_PDL\\_CC\\_ST\\_QLL.pdf](https://tennessee.fhsc.com/Downloads/provider/TNRx_PDL_CC_ST_QLL.pdf).

**Below is a summary of PDL changes that will be effective April 17, 2007**

- **Antidiabetic Agents: Insulin Products**

- Lantus<sup>®</sup> OptiClik<sup>®</sup> Cartridges will become non-preferred<sup>CC</sup>
- Lantus Vials<sup>®</sup>, Levemir Vials<sup>®</sup>, Novolin N<sup>®</sup>, Novolin R<sup>®</sup>, Novolin 70/30<sup>®</sup>, Novolog<sup>®</sup>, and Novolog Mix 70/30<sup>®</sup> will remain preferred
- Apidra<sup>®</sup>, Exubera<sup>®</sup> CC, Humalog<sup>®</sup>, Humalog 50/50<sup>®</sup>, Humalog 75/25<sup>®</sup>, Humulin N<sup>®</sup>, Humulin R<sup>®</sup>, Humulin 70/30<sup>®</sup>, Humulin 50/50<sup>®</sup>, and Levemir<sup>®</sup> FlexPen will remain non-preferred

**NOTE:** All of the aforementioned changes, whether preferred or non-preferred, may have additional criteria which controls their usage. Any clinical criteria associated with an agent are noted with a superscripted “CC”. Please refer to the Clinical Criteria, Step Therapy, Quantity Level Limits for PDL medications document (website link referenced below) for additional information.

**Changes to the CC, ST, QL for the PDL (effective 4-17-07):**

- Lantus<sup>®</sup> OptiClik<sup>®</sup> Cartridges<sup>CC</sup>
- Levemir<sup>®</sup> FlexPen<sup>CC</sup>

**MISCELLANEOUS ITEMS**

- **TennCare List Serve for Notifications:** TennCare has created a service where any providers who would like to sign up for free notifications for the TennCare program can enter their contact information and receive notifications electronically. This service is free to join and providers interested in signing up can follow the links at: <http://www.state.tn.us/tenncare/pharmacy/pharmlistserv.htm>

**GUIDE FOR TENNCARE PHARMACIES: OVERRIDE CODES**

<b>OVERRIDE TYPE</b>	<b>OVERRIDE NCPDP FIELD</b>	<b>CODE</b>
Emergency 3-Day Supply of Non-PDL Product	Prior Authorization Type Code (461-EU)	8
Emergency supply (Rx CHANGED to PDL or PA received after 3-day supply already dispensed) to prevent from counting twice toward script limit	Submission Clarification Code (42Ø-DK)	5
Hospice Patient (Exempt from Co-pay)	Patient Location Field (NCPDP field 307-C7)	11
Pregnant Patient (Exempt from Co-pay)	Pregnancy Indicator Field (NCPDP field 335-2C)	2
Clozapine / Clozaril <sup>®</sup> (process second clozapine prescription in the month with an override code to avoid counting twice)	Submission Clarification Code (42Ø-DK)	2
Effexor <sup>®</sup> 225mg (Effexor <sup>®</sup> XR 75 mg and Effexor <sup>®</sup> XR 150 mg) – process second rx with an override code to avoid the second fill counting as another prescription against the limit). Two co-pays will apply.	Submission Clarification Code (42Ø-DK)	2
Cymbalta <sup>®</sup> 90mg (Cymbalta <sup>®</sup> 30 mg and Cymbalta <sup>®</sup> 60 mg) – process second rx with an override code to avoid the second fill counting as another prescription against the limit). Two co-pays will apply.	Submission Clarification Code (42Ø-DK)	2

**Important Phone Numbers:**

TennCare Family Assistance Service Center	866-311-4287
Express Scripts Health Options Hotline (RxOutreach PAP)	888-486-9355
TennCare Fraud and Abuse Hotline	800-433-3982
TennCare Pharmacy Program ( <b>providers only</b> )	888-816-1680
TennCare Pharmacy Program Fax	888-298-4130
First Health Services Technical Call Center	866-434-5520
First Health Services Clinical Call Center	866-434-5524
First Health Services Call Center Fax	866-434-5523

**Helpful TennCare Internet Links:**

First Health Services: <http://tennessee.fhsc.com>

TennCare website: [www.tennessee.gov/tenncare/](http://www.tennessee.gov/tenncare/)

Please visit the First Health / TennCare website regularly to stay up-to-date on changes to the pharmacy program. For additional information or updated payer specifications, please visit the First Health Services website at: <http://tennessee.fhsc.com> under "Providers," then "Documents." Please forward or copy the information in this notice to all providers who may be affected by these processing changes...

<b>Thank you for your valued participation in the TennCare program.</b>
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